

**SDFL BIOLOGY SECTION**  
**FAMILY REFERENCE COLLECTION FORM**

Form 907-BIO

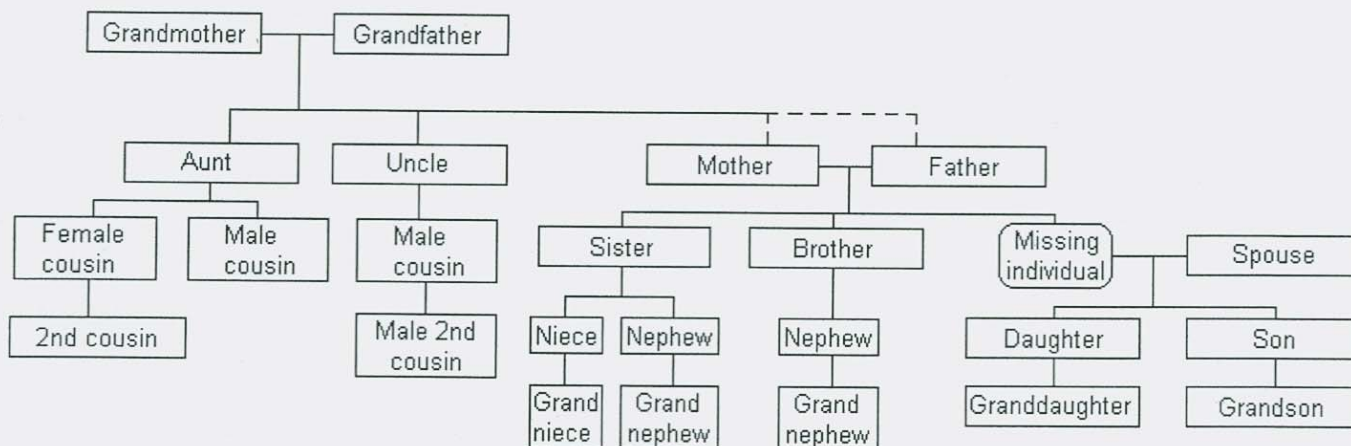
**DONOR INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home address: \_\_\_\_\_  
(street, city, state)

**FAMILY RELATIONSHIP:** Please circle your kinship to the Missing Individual. Darken line to Mother or Father to indicate how you are related to the Missing Individual.



**MISSING INDIVIDUAL INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DLC: \_\_\_\_\_

**STATEMENT OF CONSENT**

Realizing that nuclear or mitochondrial deoxyribonucleic acid (DNA) may be extracted from my biological sample and used in the identification of a kindred family member, I agree to donate my sample, to have my DNA analyzed if necessary, and to have my name and other relevant typing information placed in the Missing Persons Index of the National DNA Index System for identification and statistical analysis.

\_\_\_\_\_  
SIGNATURE OF DONOR

\_\_\_\_\_  
PRINTED NAME OF DONOR

\_\_\_\_\_  
DATE

**VERIFICATION OF DONOR IDENTIFICATION AND SPECIMEN COLLECTION**

I have verified from a photo-ID that the biological specimen collected has come from the above stated donor, and have confirmed the donor's name and/or social security number that is placed on the collection packaging.

\_\_\_\_\_  
SIGNATURE OF COLLECTOR

\_\_\_\_\_  
PRINTED NAME OF COLLECTOR

\_\_\_\_\_  
DATE